



Bernalillo County Sheriff's Department
Criminal Investigations Division
Sex Offender Registration and Tracking Unit

SEX OFFENDER REGISTRATION INFORMATION REQUEST

REQUESTOR INFORMATION

NAME: _____

ADDRESS: _____

PHONE #: _____

DATE OF BIRTH: _____

REASON INFORMATION REQUESTED: _____

SIGNATURE: _____

INFORMATION REQUESTED

IF INFORMATION IS REQUESTED ON A SPECIFIC INDIVIDUAL, PLEASE PROVIDE THE FOLLOWING INFORMATION.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

IF INFORMATION IS REQUESTED FOR A GENERAL AREA, PLEASE PROVIDE ZIP CODE FOR THAT AREA.

ZIP CODE: _____

UPON RECEIPT OF THIS REQUEST FOR REGISTRATION, INFORMATION WILL BE PROVIDED WITHIN 7 DAYS, AS PER 29-11A-5.1 NMSA 1978 SUBSECTION C